

Africa Regional Media Hub
U.S. Response to the Ebola Outbreak in West Africa
Via Telephonic Media Briefing

Wednesday, September 3, 2014

MODERATOR: Greetings to everyone from the U.S. Department of State's Africa Regional Media Hub. I would like to welcome our callers who have dialed in from across Africa. Today, we are joined by Dr. Tom Kenyon, Director for Disease Control and Prevention's Center for Global Health, and Gayle Smith, Special Assistant to the President and Senior Director for Development and Democracy at the National Security Council. Dr. Kenyon and Ms. Smith will discuss the U.S. Government's response to the Ebola outbreak in West Africa and Dr. Kenyon's recent trip to the region. We will begin with remarks from Dr. Kenyon, followed by Ms. Smith and we will then open it up to your questions. For those of you listening to the call in English, please press *1 on your phone to join the question queue. For those of you listening to the call in French and Portuguese, we have received some of your questions submitted in advance by email, and you may continue to submit your questions in English via email to afmediahub@state.gov. We hope that you have heard President Obama's remarks released in a video yesterday, and shared them with your audiences. If not, please email afmediahub@state.gov for President Obama's statement on Ebola and we will send you the link to the video. If you would to follow the discussion on Twitter, follow us on @AfricaMediaHub. We are using #Ebola for today's call. Today's call is on the record and will last approximately 45 minutes. And with that, I'll turn it over to Dr. Kenyon, followed by Ms. Smith. Dr. Kenyon please go ahead.

DR. KENYON: Thank you, and good morning, good afternoon colleagues, from the Africa media. As someone who has lived in Africa for more than twenty years, I very much appreciate the power and influence that the media has and we very much look forward to your engagement on this very significant public health problem. I just returned the day before yesterday after

four days in Liberia, two days in Sierra Leone, and two days in Guinea along with our CDC Director, Dr. Frieden and will never forget the many images of people affected, the challenges faced by health workers--men, women and children-- in each of these affected countries. There are many challenges being faced. A major one that I will say up front that is very applicable to you, the media, is that the population simply does not understand Ebola. We can provide many examples – but one that we saw in Guinea was suspicion by the community, and these are often very remote, cutoff communities, was blaming the sprayers who came by the household after they removed a dead body – they thought that the spray was spreading Ebola. That is just one of many examples of lack of understanding. Another driver that I talked to said that, “Well if you wear a long sleeved shirt, you won’t pick up Ebola.” So, I really want to appeal to you the media to tell the truth and try to correct these many misconceptions that are actually one of the formidable barriers to controlling this epidemic. The bottom line is this epidemic affecting these three countries in the West Africa region and perhaps beyond, is simply spiraling out of control. We have never seen anything like this.

Of course we had Ebola outbreaks going back to the first in 1976 in then Zaire. We have had a dozen or so since then, but this is the first real epidemic that is across population. It is reaching capital cities in urban areas like we have never seen before, on a scale that we have never seen before. So, we need concerted action fast. There is a window of opportunity, but it is closing with each and every day that we delay in getting measures in place. As I said, it is now an epidemic. It is spreading widely. It is outpacing our response. On the other hand, I sensed a tremendous willingness of countries, and particularly individuals who are very committed and dedicated to addressing this epidemic.

I do want to say on a hopeful note, we know what to do. Ebola is preventable. We know what to do. We stopped outbreaks before, it is just that with this particular situation we have had a combination of factors that have allowed it to spiral out of control. We have weak public health systems in place that did not detect it and respond to it. We have large populations that are in remote

locations without even access to radio, so they cannot hear about this over the airways. There are weak diagnostic systems so people cannot be tested. Before this began this was new to West Africa. So many reasons for why it has spiraled out of control to date. But we are confident that we can address this. One of the most inspiring aspects was just the healthcare workers themselves, and we have lost many health workers during the course of this epidemic who are putting their own wellbeing on the line in caring for others, and this is local and international partners, and I will come back to that in a moment. I saw a call center in Monrovia where dozens of volunteers are manning the phones -- on eight hour shifts, entirely voluntary -- taking calls in from the public. Unfortunately, a lot of those calls are to come pick up dead bodies that were in their home or in their neighborhood, but also questions about how Ebola is transmitted. On the downside, there is tremendous stigma taking hold. We talked to people who have survived Ebola. Their neighbors were not letting their children play with their children. They were being shunned at the work place. They were being cut off by the local community. And I think ignorance is largely at the heart of the stigma and therefore, we need you, the media, to help address that, because any time you drive a communicable disease underground, it only makes matters worse.

Ebola is, we know how Ebola is spread. It is spread primarily in two ways. The mode of transmission is of course, contact. It is not spread through the air. It is contact with a sick person with Ebola, or it is contact with a person who has died from Ebola -- and in the course of that contact, coming into contact with their body fluids. These are the modes of transmission. And so, stopping it is quite simple. Just don't touch. Don't touch a person who is sick. Don't touch a person who has died. And I know that is easy to say. African culture is, you know, very social and very strong family ties and lots of handshaking and hugging and so forth. I can tell you when we were in Liberia, we were not shaking hands. We were not patting each other on the back. It is hands off for the time being. So in theory, it is not difficult to stop. We need to find patients quickly, we need to isolate them in a treatment unit -- Ebola treatment unit -- and treat them effectively.

In spite of the fact that this does have a high case fatality approaching 70%, there are interventions we can do to improve survival, such as basic hydration, basic medicines to address vomiting and diarrhea and other supportive care, and also to provide some hope. In talking with survivors, you can imagine what a frightening experience this is to be in a unit and watching people around you die each and every day. Psychosocial support is important as well. Then, once we isolate and treat a case, we have to identify all of the people that they have been in contact with and monitor them for 21 days to see if they develop disease. If they develop disease, then we have to isolate them and find their contacts. So you can see how this can quickly spiral out of control, because after someone is exposed to Ebola, it is anywhere from 2 to 21 days, usually 8 to 10 days, when they develop disease. So identifying their contacts, monitoring them for 21 days and last but not least, ensuring that those who die are buried safely and this has turned out to be a major source of transmission. Of course there are cultural practices upon death of a relative or loved one that require touching the body, washing the body, and that is very, very risky, and that is a major mode of transmission.

So we know what to do. We need to get information out. We need to get infinite management systems in place where we have a coordinated response. We need to get more Ebola treatment units in place so that there is hope for those who have the disease, but also they are isolated from the community, and we need to get safe burial practices in place. And last but not least, and very importantly, where you play a role, we need to get effective communication out to the community through the various methodologies that are unique to each country, each culture, and each part of the country.

I really do want to recognize the contribution of many partners, certainly here within the U.S. government, we are working very closely, the CDC with USAID. We are very grateful to Ms. Smith and her team for the leadership that the NSC has shown and keeping us moving as one USG. Doctors Without Borders, MSF have been tremendous. They have been absolutely fantastic, but they are outnumbered in this case. And of course, our UN partners, UNICEF and WHO, Save the Children, and the International Federation of the

Red Cross. By the way, the Red Cross has taken on a lot of responsibility for safe burial which is not an easy job to do.

Again, this is difficult work. I went through one of the Ebola treatment units. We had to suit up in the personal protection. It was quite moving to move around the camp. This was in Monrovia. Earlier that day, they had picked up sixty bodies and taken them to their crematorium. We witnessed another ten in the morgue just that day and as we walked around the camp, there were another three dead Liberians on the ground. So this is a very striking explosion of disease and death that is very very difficult for those on the ground. And again, I want to commend those who are doing the work. The U.S. government has been working on this for many months now, going back to March when the initial cases came to light. Of course, as it has spiraled out of control, we have mounted an even greater response here at CDC. We have had more than 500 people work on this from the beginning. At present we have more than 70 staff deployed overseas and hundreds supporting it from headquarters. USAID has contributed 20 million dollars to date. This is going to take much much more from countries around the world, including African countries, and we are pleased to be forging a partnership with the African Union on this. The African Union has sent an advanced team out to the region last week and we are meeting with them to try and work out a partnership so that we can bring the needed interventions to our friends and colleagues in West Africa.

So let me stop there, but just to close with a commitment that at CDC we will not leave until this is over and though it is going to be a huge challenge, we have to act quick, we have to fast and we have to act wide, but we are confident that we can bring this to an end. Let me close there and turn it over to Ms. Smith.

GAYLE SMITH: Sure, thank you Tom, and thank you everybody for joining us. I, like Tom, spent 20 years living in Africa. I think this feels very close to all of us. And importantly not just because it is happening in Africa. As you know, President Obama hosted an African Leaders Summit early in August

and one of the leaders pointed out absolutely correctly that this is not an African disease, this is a virus that is a threat to all humanity, and we are certainly addressing it that way. I just want to say a very few things because I think Tom has done a terrific job of covering the facts, but facts are really a key thing here and just to underscore something Tom said – while we fully expect you all to cover this from whatever angle you might like to, the importance of getting the facts out there cannot be understated, and anything you can do to help us, because to control this outbreak is going to take all of us. It is going to take governments in the region and it is going to take NGOs, it is going to take the United States and other countries, it is going to take the UN, it is going to take civil society, it is going to take educators, health workers and the media.

And I have witnessed firsthand in this country, many times, the role that our CDC plays in getting the facts to the American people every time there is any kind of health scare. And it is enormously powerful, because obviously and for understandable reasons, people are very very frightened of Ebola and the more that they have the facts at hand, the better job we can all do at managing that fear, so that people know what to do. And, as Dr. Kenyon has said, the task before us is enormous, but we have facts and science on our side in terms of what we need to do to control it, so just underscoring anything that you can do to get the facts out. The CDC has a great website full of facts, so go ahead and steal from them. I think that getting the facts out there will also help us fight the issue of stigma, which Dr. Kenyon mentioned. And I think one of the things we have seen in Africa, I think Africa has led the world in fighting the HIV/AIDS epidemic, and one of the things that has been critical there, has been again, getting the facts out and fighting stigma. I will say in this case, one of the great advantages we have is that the governments of all the countries affected have been extremely transparent. At that level, there has been reporting of cases, close cooperation with our people, and again, that is enormously enormously valuable.

In terms of our response, I will just say a couple of things. As Dr. Kenyon said, we have been responding since March, we continually expand that response.

In addition to the 70 people Tom referred to in the field, we have something called a Disaster Assistance Response Team, led by AID, but with CDC also in the leadership, and other agencies represented. We have two of those deployed. One very large one in Monrovia and the other in Sierra Leone. We have multiple agencies working on this back here and we are looking to ramp up on as many fronts as possible, whether it is getting more of these Ebola treatment units up and running, that Dr. Kenyon mentioned, supporting the partnership with the AU -- as it appears they are going to be able to deploy some of the health workers we so desperately need -- supporting NGOs on the ground, getting additional equipment and medical supplies and other things into the field. And also, working with the United Nations which is ramping up its response. I would just ask, even as we are focused on the immediate, one other thing you all might be interested in, one of the things President Obama who, by the way, has given us very clear direction in terms of pushing out as aggressively and comprehensively as we can in this response, is in February, he launched something called the Global Health Security Agenda. The premise behind that was that in order to manage crisis like Ebola, the entire world has to have the capability to do so. The CDC and our Department of Health and Human Services have been a very big part of this. Even as we respond immediately, we are also on another line of effort, working very hard to build the capacity of countries, like Liberia, Sierra Leone, Guinea, Nigeria, others all across Africa, Asia, Latin American, everywhere, so that countries have the ability to prevent the spread of these viruses, detect the spread, because as Dr. Kenyon said, once you find a patient, you can start to grab ahold of the spread of the virus and to respond effectively and quickly. We know that it is possible. It has been done with Ebola in the past. As Tom rightly points out, this outbreak is spreading at an alarming rate that requires all of us to stop everything and do everything we can to get it under control, but we also, even as we respond at an emergency level today, we are working very hard on the longer term so that we've got increased capability on the ground around the world, including all over Africa, to get ahead of these outbreaks should they occur again. I will stop there, because I am sure you all have questions and turn back to the moderator, but thank you all again for your interest and for all the work you do.

MODERATOR: Thank you Dr. Kenyon and Ms. Smith. We will now begin the question and answer portion of today's call. For those of you asking questions, we ask that you first state your name and affiliation and limit yourself to one question only. I will begin the question session with a question that was submitted in advance from Journal L'Observateur in Chad. There are rumors that Ebola is an invented disease. What is your point of view on this?

GAYLE SMITH: Tom, do you want to talk about where the virus comes from, and then I can add something?

DR. KENYON: Yea, sure, thank you. Yea, Ebola is a known virus. It goes back to the 1970's so nearly 40 years ago we first identified it. And you know, this is the same strain as Ebola Zaire, so it is not an invented virus. It is one that resides in nature amongst bats, and perhaps other rodents and animals, and that is probably the initial trigger for an Ebola outbreak -- some sort of human animal interface where a person comes into contact with such an animal, or their blood, or they consume them, because bush meat is quite a popular delicacy or source of protein in this area. So that is the initial trigger, but it is definitely not an invented disease, it occurs in nature.

MODERATOR: The next question comes from Radio Horizons FM in Guinea. The Ebola outbreak continues to claim more lives in Liberia and Sierra Leone, but in Guinea, where it started, the infection cases continue to drop. What are the lessons to be learned from Guinea?

DR. KENYON: I can take that Gayle. I think unfortunately, that is no longer the case. But I think Guinea did show, that with action, they brought part of it under control, but unfortunately it is back on the increase and moving east in Guinea towards neighboring countries. We were in Conakry and hearing reports of a large increase in cases in the Macenta area, so it is not under control anywhere, but this raises the point of why we have to monitor it very carefully so that we know where it flares up and we can send in rapid response teams to take the appropriate public health measures.

Unfortunately, Liberia is certainly the worst case scenario, but Sierra Leone, in a matter of weeks, could easily be where Liberia is now, and Guinea – if it does not takes measure where the outbreak, where the epidemic is increasing -- will follow the other two countries.

GAYLE SMITH: I would just add one thing to that. One of the pieces of this strategy that is very key in which the region itself is focused on, is for example, using the construct of the Mano River Union and ECOWAS to manage this, because these viruses don't know any borders, they do not carry passports, and so it can easily hop over a border. People move back and forth across borders all the time, as you all know very well. So in addition, to the identifying cases and tracing them, one of the other elements of the strategy is to work it from the outside in, in other words to make sure that across the region, and for the three countries, Guinea, Sierra Leone and Liberia, using again, some of the regional architecture that is there to make sure everybody is getting the information they need, they are sharing the information with each other, and they are working in tandem and we are working in tandem with all of them to manage the spread of this, because again, even though there is the kind of variance that Dr. Kenyon describes, it can change very very rapidly as it did in Liberia.

MODERATOR: Yes, the next question goes to Sarah De'Lorenzo of the Associated Press. Operator please open the line.

MEDIA: Hi, can you hear me?

DR. KENYON: Yes, we hear you.

MEDIA: You mentioned that more treatment centers need to be opened, but we have been hearing that already there are not enough people to staff the ones that are open and are not enough supplies. So, I am just wondering who will staff these, where will the supplies be coming from, and kind of related to that, I am thinking of the MSF call yesterday for countries to send in

their biological threat response teams. Does the U.S. have one? Is one going to go?

DR. KENYON: I can take the first part of that question.

GAYLE SMITH: Sure.

DR. KENYON: And Gayle can handle the second part of it. You know, we have to do many things simultaneously, so as we speak, more treatment centers are going up. At the same time, we are trying to mobilize more health workers. In fact, I am departing tonight to go to the African Union in Addis Abba and negotiate such participation. They are very ready and willing, but obviously, we need to be protected during the course of clinical care so that we do not acquire any more Ebola in healthcare workers. So, in Liberia, it was evident that 90% of the staff, even in the MSF camps or treatment units were Liberian. So, we do not need large numbers of specialists or expatriate doctor specialists, what we need are those who can provide a basic level of care, meticulous attention to fluid and electrolyte status, and these other simple medications. Of course, everyone would like to do more advanced care and that carries with it other risks, needle stick injuries and others, but I think we are confident that if we put these treatment centers up, the health workers will come, but of course they have to be adequately trained and supervised and equipped with personal protective equipment.

GAYLE SMITH: Let me just add a couple of things to that. Dr. Kenyon is absolutely right, that it is not as though there is no capability on the ground. There is both a capability and a willingness. We do need more healthcare workers in order to enable that and we have had some recent successes in reaching out to many of our partners and as Dr. Kenyon says, the AU responded very very quickly through its [Peace and Security Committee to work through the deployment of healthcare workers that they will ultimately provide. One is as Dr. Kenyon says, making sure that healthcare workers both international, but importantly national, are able to avail themselves of healthcare because we have seen such a high incidence of Ebola among

health workers, particularly from the countries affected, and these are countries as we know that have been building up their health capability over time and they can ill afford to lose anybody.

We are working, including with other countries, to make sure that we can, hopefully very soon, provide additional assistance that will allow for healthcare workers to make sure that they get the care they need. We are working with other countries, there have been people affected who have been evacuated to make sure those capabilities again are available, but I want to stress, from our point of view, the important piece is to think of health workers in this case internationally, both national and those who may come from outside. We're ramping up significantly and we have already provided quite a lot of what is called PPG, which is Personal Protective Gear, that Dr. Kenyon referred to, so that people have it on hand and can also be trained in the basic steps that are needed. Many of the people working on this response are people who also work on biological incidents. The Global Health Security Agenda that I referenced is in part to look at what would happen in the case of a virus like Ebola, but also at other incidents that may occur because somebody uses some sort of biological agent. Those people are involved. We are prepared to look at all options. I don't think at this point, deploying biological incident response teams is exactly what's needed, but as I say, we are working on multiple fronts to make sure we've got the treatment units, the people to populate them, so that they can avail themselves of the care that they need, the personnel to populate them – they have got the protection they need. And I think, we are working, I would say, roughly 24/7. That between the United States, the UN and many other countries we are engaged with that we will see a considerable ramp up over the coming days and weeks. If we find that it is still moving out of control, we will look at other options.

MODERATOR: Thank you. The next question goes to a journalist at the listening party at the U.S. Embassy in Nairobi, Kenya. Operator please open the line.

MEDIA: Yes, what measures can we put in place to prevent entry of the disease?

GAYLE SMITH: To prevent entry?

MEDIA: Yes, in Kenya especially.

GAYLE SMITH: Sure. Dr. Kenyon has an answer for you. I may add something, but go ahead.

DR. KENYON: Sure. One of the positive aspects of the response in West Africa is the rigorous exit screening at the airports. We've worked with -- our border health colleagues have worked with our counterparts in those three countries -- so that everyone leaving the country gets their temperature checked. When I departed two days ago, I had my temperature checked three times before I boarded an airplane, so that is a positive development and also a message about the relative safety of the air travel industry at the moment. People are being screened, at least in those three countries, before they get on an airplane. So if every country puts in place the appropriate exit screening, and we need to talk about what is appropriate for those specific countries, that will help prevent the spread to other countries. I think that every country, including Kenya, should be prepared for that first case. When it comes, that you've got a rapid response team in place. This is another positive story for the Nigeria response. We had staff working there on polio eradication when the first patient landed in Lagos and unfortunately passed away and diagnosed. We had a team down there within hours working with our Nigerian colleagues. Unfortunately there have been 17 subsequent cases but it could have been many many more, and all of the ones that have been identified are linked in a chain to that original case. So having a rapid response team that can identify cases, identify contacts, monitor the contacts and make sure no Ebola emerges, is what everyone should have in place now. And I mean NOW. Don't wait until the first case arrives or you will be too late.

GAYLE SMITH: I would just add one thing to this in the short term, but a longer term point. I have been enormously impressed in my role kind of coordinating from here at the White House, and this is something that CDC is involved in globally, at the world's tracking of anything that might even possibly be a case of Ebola. And I mean, it is all over the world. When people present themselves at health facilities and have symptoms that may be Ebola, countries based on the information they have received from the World Health Organization, also from our own CDC, they have the facts at hand so they are – I think in every case I have seen, very quickly testing and isolating those patients. It has been very positive to see that we haven't had a high number of incidences where those cases have come back positive, in fact the vast majority have been negative. Again, there is this kind of screening at both ends. One end as Dr. Kenyon described, on the exit protocols -- which these countries given everything they are facing, I think have stepped up to do with increasing effectiveness -- but then also on the other end, so that in Kenya, your government has information that will enable it, should there be anything that there is a suspicion that it could be a case of Ebola, to isolate, test, and report into an international system and monitor.

The other thing that I wanted to mention, there are two longer term points. One is that when I reference this global health security agenda, part of what we are very focused on is making sure that every country has that rhythm, because tragically, this is not the first or only virus we are going to face. Dr. Kenyon could tell you and anybody from CDC, we have seen a number of viruses, the H1N1, H7N9, the MERS, a number of things, globally around the world, and they connect all of us so we all need to be very very prepared. So that is another important piece that we work together on. The last point that I would make on this is as important it is for countries to protect themselves, it is also going to be very important that these countries in West Africa that are affected are not totally isolated. Part of the reason for that, again there are systems in place as Dr. Kenyon describes, but we have seen the increasing isolation. Again, it's understandable given the fear, but the facts suggest that that isolation does not need to be at the level it is and is having huge economical and logistical impacts. One of the constraints – flights are not

operating at the same level, borders are opening and closing. So in addition to responding to the virus, we are also responding to what we are calling the secondary impacts, which are the impacts on the economies of these countries which are being felt very very very severely.

MODERATOR: Thank you. The next question was submitted by a journalist from Novo Journal Newspaper in Angola. The U.S. has announced it is developing an experimental drug ZMapp to fight the Ebola virus. What are plans to accelerate the production of this medication to meet the needs of Africa?

GAYLE SMITH: Tom, do you want to take that?

DR. KENYON: Yea, I will take that, thank you. It is very important that we do know how to stop Ebola now and I emphasize that we have the means at our disposal to stop this epidemic and we need to get those in place as soon as possible. On the other hand, yes, there are interventions that are at the research level at this stage and ZMapp being one of them, that's a therapeutic of some antibodies that help to bind the virus so that it does not infect the body, but it is very difficult to produce. When the outbreak began, there were only five doses in the world. Those have all been used. It takes a long time to produce the product and the bottom line is that we do not even know if it works. We don't know if it is helpful to the immune response, we do not know really what the outcomes are. Yes, some patients have received it. Some who received it died, some that received it survived. So we really can't say whether it is effective, but I am sure that research, once production can get up to where it needs to be, will take place. There is also a vaccine trial that is getting under way. The National Institutes of Health is a very important sponsor of that, along with others. That is looking at a vaccine that would prevent infection, but we are only at the first phase. The first phase is to see what's the right dosage. Does it produce an antibody response? Does it create any side effects that would be problematic in a larger trial? So those studies are going to take time and they are not going to help us with this

current outbreak, though we remain hopeful that these tools will become available in the not too distant future.

GAYLE SMITH: I just want to add a couple of things. One is with this ZMapp, the U.S. government does not produce it. There is a company that produces it. Our Department of Health and Human Services announced yesterday the award of a contract to the company that produces it to speed the drugs' development. So as Dr. Kenyon says, it's not going to be fully tested or ready in hand as quickly as we would like, but we are expediting to the extent that we can safely do so, progress with respect to this, and as Tom mentioned, NIH, with other accelerated trials on other possible medical responses. The other thing to know about ZMapp is that initially there were only a very few doses of those. I am going to leave it to Dr. Kenyon who is the expert in this and I am not, that although the signs are positive, there is more testing that needs to be done. And so we are trying – this is something that HHS does, or NIH does often is to work very very hard on what some of the medical solutions to these things may be. And in this case, both accelerating as much as we can, but while also making sure that there is enough safety built in, that any of these remedies are not used before we are confident, or used at scale before we are confident, of their effectiveness and the kinds of technical dimensions that Tom mentioned, that I should not talk about, because he is the doctor and I am not.

MODERATOR: Okay, thank you. We have time for one last question. The last question goes to Tami Hultman of All Africa. Operator please open the line.

MEDIA: This is Tami Hultman from All Africa. This question is for Gayle Smith. The NATO summit in Wales clearly has a very packed agenda, but given that the CDC director, Dr. Frieden has called Ebola, a world economic and security catastrophe, is President Obama going to raise the need for more aggressive global response when he gets to Wales?

GAYLE SMITH: Thank you Tami, and thanks for being on the call. In the interest of transparency, when I was a young reporter like many of you on the line, Tami was one of my first editors, so let me answer that. The answer is yes, Tami. The President has consistently been raising the need for a ramped up response to the Ebola outbreak in all of his engagements. He has, our national security advisor, Susan Rice, has been doing the same, Secretary Kerry, and they will continue to do so. And there are multiple opportunities to do that, both in terms of bi-lateral engagements, but also a number of multilateral venues. So yes we will continue at the highest levels of government to urge other governments to join us in what must be a very accelerated and expanded response.

MODERATOR: Thank you, did either of our speakers have any final remarks they wanted to make before I close the call?

GAYLE SMITH: If I can just say very quickly first because I think Tom should have the last word, is obviously, thank you for joining us and for everything you all are doing, but just to underscore something said at the top. You all are good reporters and we know you will write a lot on this, but anything you can do to join with us to get the facts out there, get the information that people need to have in hand to be part of the solution to this. You have a vital role to play, not just in informing the public of what is a very real crisis, but also being a part of the solution, so I hope we can count on you and if there is anything you need in terms of getting the facts out, again I would go to CDC's website or reach out to our embassies and we can help get you that information.

DR. KENYON: Yea, I really echo that sentiment. And I guess just to close, why should we care about this? I think it is abundantly clear that this is a threat to all other countries. It has already spread to Nigeria and Senegal and is likely to spread to other countries. That is number one. Number two is; with all the circulating virus, there is a possibility of a mutation that can make it more infectious or change its characteristics that would make it more difficult to control. I think thirdly, it is a potential security risk as high levels of mortality undermine the ability of society to stay intact. And last but not least, lots of

people are dying and it is simply the right thing to do. So thank you for your engagement so far and like Ms. Smith said, we really rely on you for accurate and ongoing communication, because this is going to last a while. The tendency in the media is to have the story today and forget about it tomorrow. I hope you will stay engaged with this crisis; this catastrophe, over the time that is necessary. Thanks for your engagement and I look forward to reading what you have to write.

MODERATOR: That concludes today's call. I want to thank Dr. Kenyon and Ms. Smith for joining us and to thank all of our callers for participating. We know that there were many other questions that we did not have time to answer today, so if you have follow-up questions you may contact the Africa Regional Media Hub at afmediahub@state.gov. Thank you.